

SPILL CONTAINMENT DEVICE TEST

**KENTUCKY
DEPARTMENT
FOR ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KENTUCKY 40601
(502) 564-5981**
<http://waste.ky.gov/ust>

FOR STATE USE ONLY**UST FACILITY INFORMATION****TESTER INFORMATION**

Agency Interest (AI) Number:

Tester Name:

UST Facility Name:

Certification/License #:

Expires:

Physical Address:

Tester Certified By:
[Mark all that apply]☐ Tank Manufacturer☐ Test Equipment Manufacturer☐ Other(specify): _____

City, County, Zip:

Company Name:

UST Owner:

Phone Number:

Owner Phone Number:

Tester e-mail address:

SPILL CONTAINMENT DEVICE TESTING INFORMATIONReason(s) for Test: ☐ Required Periodic Test ☐ Suspected Release ☐ New Installation ☐ Repair ☐ DEP Directed ☐ Other

Date of Test:

Test Equipment Used:

Test Method Used: ☐ Hydrostatic (use the test procedures and data table below)☐ Vacuum (attach test equipment manufacturer's data sheet and test protocol to this form)☐ Other (specify): _____**HYDROSTATIC TEST PROCEDURES**

1. Clean out and properly dispose of all debris, soil and/or fluids from the spill containment device.
2. Visually examine the spill containment device for cracks, holes, deformations or deteriorated seals.
3. Fill with water and let stand for at least 15 minutes to allow water to reach ambient temperature.
4. After 15 minutes, carefully measure the depth of the water to the nearest 1/16th inch.
5. Leave the spill containment device undisturbed for at least one hour and compare the starting and ending levels.
6. If the fluid level is the same or has changed 1/8th inch or less, the spill containment device passes the test.
7. If the fluid level has changed more than 1/8th inch, the spill containment device fails the test.
8. Any spill containment device that fails shall be repaired or replaced in accordance with 401 KAR 42:020.
9. Properly dispose of all test fluids at the conclusion of testing.

Insert tank information for up to 4
spill containment devices. Attach
additional pages as necessary.

TANK ID/PRODUCT

TANK ID/PRODUCT

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TANK ID/PRODUCT

Spill Containment Installation Type

☐ Direct Bury☐ Contained in a Sump☐ Direct Bury☐ Contained in a Sump☐ Direct Bury☐ Contained in a Sump☐ Direct Bury☐ Contained in a Sump

Spill Containment Diameter

Spill Containment Depth

Wait Time (between applying vacuum/water and starting test)

Test Start Time [T₁]Initial Reading [R₁]Test End Time [T₂]Final Reading [R₂]**TEST RESULTS:**☐ Pass ☐ Fail☐ Pass ☐ Fail☐ Pass ☐ Fail☐ Pass ☐ FailRepairs & Retest Required: ☐ YES ☐ NORelease Reporting Required: ☐ YES ☐ NO

Next Test Due:

COMMENTS:**CERTIFICATION OF TESTER**

I hereby certify that all the information contained in this report is true and accurate and in full compliance with legal requirements.

Tester's Signature: _____

Date: _____

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM